

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1858

STATE FILE NUMBER 63-039113

FILED NOV 4 1963

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Poplar Bluff,</u> | | | | Length of stay in 1b <u>10 Days</u> | | c. CITY OR TOWN <u>Doniphan,</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors Hospital</u> | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>Route #1</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Clarence</u> Middle <u>Franklin</u> Last <u>Spell</u> | | | | 4. DATE OF DEATH Month <u>10</u> Day <u>26</u> Year <u>1963</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>4-24-1906</u> | |
| 9. AGE (last birthday) <u>57</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u> | | 11. BIRTHPLACE (City and state or country) <u>Ripley Co, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> | | 13a. FATHER'S NAME <u>James E Spell</u> | | 13b. MOTHER'S MAIDEN NAME <u>Iona Cox</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lexie Spell</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>no</u> <u>no</u> | | | | 16. SOCIAL SECURITY NO. <u>[REDACTED]</u> | | | |
| 17. INFORMANT Address <u>Mrs Lexie Spell Rt #1 Doniphan,</u> | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral embolus</u> DUE TO (b) <u>Adenocarcinoma of the rectum</u> DUE TO (c) <u>[REDACTED]</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>[REDACTED]</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> <u>Unknown</u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>[REDACTED]</u> | | | | | | | |
| 20c. TIME OF INJURY Hour <u>[REDACTED]</u> a.m. <u>[REDACTED]</u> p.m. <u>[REDACTED]</u> Month, Day, Year <u>[REDACTED]</u> | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>[REDACTED]</u> | | | |
| 20f. CITY, TOWN, OR LOCATION <u>[REDACTED]</u> | | | | COUNTY <u>[REDACTED]</u> STATE <u>[REDACTED]</u> | | | |
| 21. I attended the deceased from <u>10/16/63</u> to <u>death</u> and last saw him alive on <u>10/26/63</u> Death occurred at <u>8:25</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>E. T. Hansbrough, M. D.</u> (Degree or title) | | | | 22b. ADDRESS <u>623 Pine Blvd., Poplar Bluff, Mo.</u> | | | |
| 22c. DATE SIGNED <u>10/30/63</u> | | | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>10-28-1963</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Ripley County, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Edwards Funeral Home Doniphan</u> ADDRESS <u>[REDACTED]</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>11-1-1963</u> | | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

NOV 13 1963

NOV 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gene H Parrent

Licensed Embalmer No. 4809

P. O. Address Naylor, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.